



U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for High Blood Pressure

*Task Force finds evidence of benefit in screening all adults without known hypertension;
recommends using ambulatory blood pressure monitoring to confirm diagnosis*

WASHINGTON, D.C. – December 23, 2014 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and an evidence summary on screening for high blood pressure in adults. After reviewing the evidence, the Task Force found that screening people ages 18 and older for high blood pressure has a beneficial impact on important health outcomes. This is a grade A recommendation.

The Task Force is providing an opportunity for public comment on this draft recommendation statement until January 26, 2015. All comments will be considered as the Task Force develops its final recommendation.

Grade in this recommendation:

A: Recommended.

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Having high blood pressure, or hypertension, raises a person's risk for heart attack, stroke, and kidney and heart failure. It is a leading cause of death in the United States, particularly among older Americans.

"Evidence continues to show a substantial benefit in screening adults for high blood pressure," said Task Force chair Michael L. LeFevre, M.D., M.S.P.H. "Accurate screening and appropriate treatment can help prevent strokes, heart attacks, and other health conditions."

Some patients who screen positive for high blood pressure in a medical setting, however, may not have sustained high blood pressure. Blood pressure can be temporarily elevated because of stress, physical activity, the use of caffeine or nicotine, or other factors. A patient may also experience "white coat" hypertension, where blood pressure is only temporarily elevated in a medical setting or in the presence of medical personnel.

As a result, the Task Force recommends that clinicians use ambulatory blood pressure monitoring to confirm the diagnosis of hypertension, except for patients who need to begin treatment immediately, such as those with a very high blood pressure at screening or a related health condition. Ambulatory blood pressure monitoring involves wearing a cuff attached to a small, portable machine that records blood pressure repeatedly over a period of 24 to 48 hours.

"Evidence shows that ambulatory blood pressure monitoring more accurately predicts the risk for strokes, heart attacks, and other health outcomes than blood pressure screening done in a medical setting," said Task Force member Mark Ebell, M.D., M.S. "Confirming a diagnosis of high blood pressure with ambulatory blood pressure monitoring is an important step to ensure that we are carefully and accurately diagnosing this condition."

After an initial screening, people ages 40 and older, and those who are at increased risk for high blood pressure, should be screened again each year. People ages 18 to 39 years with normal blood pressure who do not have other risk factors should be screened again every 3 to 5 years. People at increased risk for developing high blood pressure include those with high-normal blood pressure (130–139/85–89 mm Hg), African Americans, and those who are obese or overweight. People are also more likely to develop high blood pressure as they get older.

The Task Force's draft recommendation statement has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from December 23, 2014 to January 26, 2015 at <http://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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